

The academic participation and its influence on the professional life according to the perceptions of nurses*

A PARTICIPAÇÃO ACADÊMICA E SUA INFLUÊNCIA NA VIDA PROFISSIONAL SEGUNDO A PERCEPÇÃO DE ENFERMEIROS

LA PARTICIPACIÓN ACADÉMICA Y SU INFLUENCIA EN LA VIDA PROFESIONAL DE ACUERDO A LA PERCEPCIÓN DE LOS ENFERMEROS

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ABSTRACT

This study had the purpose to understand academic participation and its relation with the professional life, according to the perception of nurses who experience it. The study was based on the precepts of qualitative research and the modality of the phenomenon, or Phenomenology. The subjects who participated in this study were seven egress nurses, interviewed with the guiding question *How do you see the participation in academic life in relation to professional life?* The following themes were registered, according to ideographic and nomothetic analyses: Educational Institution – producer of human resources, Healthcare Institution – receiver of human resources, and the relationship between the Educational Institution and the Healthcare Institution. It is understood that, in spite of being distinct modalities, academic participation and professional participation are inter-related, unveiling the undeniable relationship between the Educational Institution and the Healthcare Institution, with space for experiencing the participative process.

KEY WORDS

Nursing.
Students, nursing.
Citizen participation.

RESUMO

O trabalho teve como objetivo a compreensão da participação na vida acadêmica e sua relação com a vida profissional, segundo a percepção de enfermeiros que a viveram. O estudo foi realizado com base nos pressupostos da pesquisa qualitativa, modalidade do fenômeno situado, fundamentado na Fenomenologia. Os sujeitos que participaram desse estudo foram sete enfermeiros egressos, entrevistados utilizando-se a questão norteadora *Como você percebe a participação na vida acadêmica em relação à vida profissional.* Mediante análises ideográfica e nomotética resgataram-se os seguintes temas: Instituição de Ensino – Formadora de Recursos Humanos, Instituição Assistencial – Acolhedora de Recursos Humanos e a Relação Instituição de Ensino e Instituição Assistencial. Há compreensão de que apesar de constituírem modalidades distintas, participação acadêmica e participação profissional estão inter-relacionadas, desvelando a inegável relação instituição de ensino e instituição assistencial, como espaços para vivências do processo participativo.

DESCRIPTORIOS

Enfermagem.
Estudantes de enfermagem.
Participação cidadã.

RESUMEN

El trabajo tuvo como objetivo comprender la participación en la vida académica y su relación con la vida profesional, de acuerdo a la percepción de enfermeros que la vivenciaron. El estudio fue realizado con base en el marco teórico de la investigación cualitativa, modalidad de fenómeno situado, fundamentado en la Fenomenología. Los sujetos que participaron de este estudio fueron siete enfermeros graduados, entrevistados utilizándose la pregunta orientadora *Cómo usted percibe la participación en la vida académica en relación a la vida profesional.* Mediante un análisis ideográfico y nomotética se obtuvieron los siguientes temas: Institución de Enseñanza – Formadora de Recursos Humanos, Institución Asistencial – Acogedora de Recursos Humanos y la Relación Institución de Enseñanza e Institución Asistencial. Se percibió que se comprende que a pesar de constituir modalidades distintas, la participación académica y la participación profesional están interrelacionadas, revelando la innegable relación entre la institución de enseñanza e la institución asistencial, como espacios para vivencias del proceso participativo.

DESCRIPTORIOS

Enfermería.
Estudiantes de enfermería.
Participación ciudadana.

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INTRODUCTION

In Brazil, it is possible to identify the inequality regarding access to education and healthcare as consequences of political, social and economic crises. Nursing, a profession characterized by the technical and social division of work, develops its practice by strengthening the provision of healthcare in a fragmentary way, not imbued with a social and transforming aspect.

In the educational arena, it is worth noting the history of nursing education related to the structural bases of society. As such, in the 1960s, with the purpose of protecting accumulated capital results, the country adopted a strict political repression, enhancing an income-concentrating economic model⁽¹⁾ which lasted for nearly twenty years, followed by the beginning of a political opening process.

It is understood that efforts should be made to improve quality of education and healthcare in a class-based society, such as is the case in Brazil, with the participation of professionals, teachers and students, articulated with the broader struggle of the oppressed strata of the population. This happens in the search for better quality of life, towards a society where democracy is not the privilege of a minority, and where knowledge is not a weapon to exploit and dominate, but an instrument of freedom⁽²⁾.

Therefore, the visualization of nursing as a social practice demands nurses to act as political agents, not only as technical agents lacking inquisitive character, apprehending reality concretely and understanding their role as transforming members of society.

Nursing, like other healthcare professions, has also contributed to the legitimacy of not-so-democratic social policies, becoming a hostage to these excluding processes. Investing in critical-reflective exercises to rebuild practices, myths and conservative behaviors, through innovative knowledge and participation, and making the occupation politically aware in the spaces it is inserted, may mean that powers will be shared through critical and creative intervention by subjects in specific social-historic contexts, improving citizenship and social practices⁽³⁾.

This participative character that does not relegate professionals to the role of spectators of the events around them may characterize the leap in quality in the relation of nurses with the world around them – not by reducing their practice to technical, objective procedures that are aloof from the social context, but as a political practice, and therefore laden with values⁽⁴⁾.

By considering the concept that *participating means informing, communicating, having or taking part in something*⁽⁵⁾, it is possible to understand the comprehensiveness of the proposal of informing as belonging to a communica-

tion process that, among other things, foresees *taking part in something*, i.e., being effectively present and committed. Therefore, the interpersonal relationship is understood to emerge as a lever in the process of participating.

The interpersonal relationship in the healthcare team suffers the impact of the social and technical division of work, characteristics of the capitalist system, which prevents the organization and participation of workers in an integrated way in the healthcare process, leading to fragmentation and hierarchization of the professionals due to the influence of issues related to productivity and competition. However, participation is present as a necessary form of resistance towards changes in the *status quo*, propelling those who understand it that way towards the purpose of struggling for better working conditions and the continuous improvement of the healthcare services.

Therefore, not only individual participation occupies the space for discussion, through verbal or written exposition of ideas, but also collective participation, which foresees an interaction with other individuals in social and/or political movements. Therefore, either individually or collectively, in the specific case of healthcare processes the participation of other social actors in projects related to the current healthcare system in the country is unavoidable, both ideologically and politically.

By increasing and incorporating the term *politics* to this concept as a skill in dealing with human relations⁽⁶⁾, it is possible to characterize the political individual as one who takes part in something and has the skill of relating to others through the process of communication.

The political man can be seen as the one with historic awareness regarding the problems and who seeks out solutions, does not accept being an object, i.e., wants to be the master of his own destiny, being an actor instead of a spectator; and is creative, not a product⁽⁶⁾.

A large share of people believes the meaning of politics is something belonging to a few privileged people, within the scope of power. However, after assuming it as the instrument for the organization of a pathway for participation, it is understood as inherent to the process of conquering spaces. Participation itself is regarded as a process of conquering in itself, not existing as a pre-existence deed or space, only as its own achievement⁽⁷⁾.

Interest for the *participation* theme in the nurses' professional life brings to mind three important moments. The first, as an academician and class representative, allowed the experience of conflicts that are inherent to the participation in a heterogeneous group, with members from different social groups, who have different expectations and educational necessities. This experience resulted in a warning, in an attempt to apprehend, comprehend and overcome some contradictions that were presented.

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The second moment was experienced in the course of daily professional routine and was marked by disquiet, regarding the insertion of nurses in the job market. The difficulties faced by the nurses trying to build collective working agreements with elements from other occupations were observed. Finally, the third moment occurred during work as a teacher, perceiving and confirming the incipient student participation in topics related to the educational institution and education itself.

Therefore, knowing how nurses are inserted and participate in the professional world became an object of interest. It seems that, although technically instrumentalized for healthcare, the nurses lack the comprehension of their role as a possible transforming agent in a given social reality. Mainly, they tend to assume shy, recalcitrant behaviors and tend towards conformism, not knowing how to begin their struggle, tending towards immobility or even agreement with the structural forms of power that strengthen the current structure. Difficulties in taking effective part in their workgroups do not help them to explain the type of service that they practice.

Comprehension that any social practice is not neutral places nursing as a profession that is not reduced to executing objective technical procedures, aloof from the social context. It is, and it will always be, a political practice⁽⁴⁾.

OBJECTIVE

By considering the principles of nursing practice, and institutions as conflicting spaces that reproduce or modify this practice, and by considering that participation is one of the initiators for the concretization of transforming behaviors, the proposed objective of the study was to comprehend academic life and its relationship with professional life, according to the perceptions of nurses who experienced it.

METHOD

The principles of the scientific model for understanding the social world include: intersubjectivity, or understanding the social issues as significant; and rationality and interactionality, where actions and interactions obey rules and habits, by knowing means, ends and results⁽⁸⁾.

Understanding qualitative research as a methodological alternative, and considering its broader sense, i.e., research that produces descriptive data through words or speech, as well as observable behaviors, there are bibliographies⁽⁹⁻¹⁰⁾ that show characteristics considered as basic in the qualitative methodology, such as: the natural environment is the source of data, where the researcher must participate directly and exhaustively; collected data and results are expressed through descriptions, according to the perception of a contextualized phenomenon; the importance of verifying the phenomenon as an expressed process in the realization of daily activities, procedures and

interactions; the attention is essentially focused on how individuals see things and their own life, or, more specifically, how they see study-focused questions; the phenomenon is seen through an intuitive process, which does not mean that a theoretical reference is absent; and in a natural environment, the study inserts the phenomenon holistically and understandably, according to the cultural, environmental and social context. Also, there is no strict sequence of stages, as well as no concerns with statistical data and sample sizes.

The choice of the qualitative approach in research, influenced by the aforementioned characteristics, allowed for knowing and understanding the "participation" issue in the life of nurses.

Qualitative refers to the human experience, felt, experienced and processed in its own context, in many social situations⁽⁹⁾.

Among the most common methods in the qualitative research approach, we chose phenomenology, since this research method allows one to describe experiences faithfully, to question the consequences of any assumptions and hypothesis constantly, to understand the ways and means that allow the human being to acquire experience, to interpret the world and act within it, and to describe the experience of the studied phenomenon accurately, without producing theories or models to develop the general explanation⁽⁹⁾.

Phenomenology, considered to be the sociology of the everyday life within the social sciences, is methodologically based on Husserl's philosophy and sociologically in Schutz's. In it, the everyday world is seen as the space where man is placed, with its grievances and concerns, in intersubjectivity with others of his kind.

Edmund Husserl proposes the construction of a science for experienced situations, the essence through the phenomenon. The phenomenon is everything that rises towards the consciousness, as the result of a question. *Phenomenon, therefore, is everything that shows, manifests and unveils itself towards the subject that questions it*⁽¹¹⁾.

Phenomenology focuses the experiences and their meaning through the definition of an inquiry region, which supports the description through the acquisition of discourses from subjects about a situation experienced daily, seeking the essence of the phenomenon through its structural elements. There are no facts or causes, only phenomena, manifested in and of themselves and experienced by the subjects. Knowledge is subjective, in a given place and under a given perspective; reduction by selection of parts of description is considered essential for understanding the phenomenon. The object, i.e., the emotions and experiences from consciousness are isolated. There are no judgments, assumptions or preconceptions, since they are suspended – *epoché*⁽¹²⁾. Therefore, the results are yielded from the units of meaning and the comprehension of the group of statements, including whatever is essential for the existence of the phenomenon consciousness.

Some authors⁽¹¹⁾ propose that phenomenology is

[...] a pathway selected by the researchers, which is meaningful to them [...], meeting the researchers' proposals, with their worldviews and their selves situated in the world.

As such, the phenomenological trend in the *situated-phenomenon structure* modality appears to be strictly linked to the purposes of the study, since the phenomenon will arise through the descriptions of the subjects' experiences. This happens because the description is the report of someone who knows of something to someone who does not, i.e., the researcher does not know what is occurring with the subject in terms of participation until the subject describes his situation, in terms of experience.

Although the theoretical reference does not stem from theoretical assumptions or pre-established hypotheses, it subsidized the analysis of the experience reported by the subjects. Reporting the experience of participation, in the life of the subjects, means to try to understand, without generalization, the description of what was experienced.

Questioning means unveiling the world-life, the experiences of the nurses who had effective and concrete political participation as students, and its influence on their professional life. This experience was identified by means of a previous individual contact with the teachers, who participated in academic life and considered them likely subjects for the research. After this recommendation, seven subjects were identified: five students from nursing undergraduate courses, egress from a private university, and two from a public university.

After the objectives were explained, the subjects were interviewed using a semi-structured technique, guided by the following question: *How do you see the participation in academic life in relation to professional life?* The interviews were recorded after the subjects agreed to participate in the study and signed the term of consent, where secrecy and anonymity were guaranteed. The individual interviews were later transcribed.

The analysis of the proposed descriptions, based in the stages of the qualitative analysis of the situated phenomenon⁽¹²⁾ was: the meaning of the whole, the description of the units of meaning, the transformation of the expressions of the subjects into the researcher's language and the synthesis of the units of meaning.

The ideographic and the nomothetic analysis of each speech were performed in their totality.

For the ideographic analysis of the seven discourses, they were transcribed and numbered from one to seven in Roman numerals. After reading the discourses several times, preconceptions or judgments about the contents were eliminated, and the whole was assimilated (*epoché*). Changes in meaning in the experienced situations reported by the nurses were identified, noting the units of meaning that unveiled the researched phenomenon, and highlighting and numbering them one by one in Arabic numerals.

An analytic three-column chart, titled *phenomenological reduction* was established according to a proposal⁽¹³⁾, where the units of meaning identified in the speeches were transcribed, according to the numeric sequence stipulated in the testimonies.

Therefore, one column presents the *units of meaning-language of the subject*, according to the reported discourse. Next to it, the column identified as *first elucidations* shows words and meanings arising from the description, using the dictionary and the researcher's comprehension. The last column, named *units of meaning-language of the researcher*, shows the expressions transformed into the researcher's language, focusing on the situated phenomenon that can be understood as the phenomenological reduction itself.

Next, the units of meaning that had suffered phenomenological reduction and maintained correlations with the same themes were grouped.

Following, the units of meaning of the seven discourses were globally grouped into the document identified as *groups of interpreted units of meaning*, which yielded three themes: 1) Educational institution – Producer of human resources, with references about the experiences of the teachers and students in the process of participation and intervenient issues of the institutional organization and society; 2) Healthcare institution – receiver of human resources, which establishes the relationship between the subjects involved, the institutional organization and society; and finally, 3) the Relationship between educational institutions and healthcare institutions, describing the relationship existing between participation in academic life and the participative professional attitude.

The nomothetic analysis was performed after the ideographic analysis, where the individual comprehension of the descriptions was sought, yielding the interpreted units of meaning. Therefore, the units of meaning of the seven discourses were grouped according to the themes encountered, allowing for the analysis of those units with the identification of convergences and divergences, and making the comprehension of the structure of the situated phenomenon possible.

DISCUSSION

The questioned and unveiled phenomenon, for the objectives of this study, was the relationship existing between the political participation in academic life and its projection in professional life.

The discourses, as demonstrated by the ideographic and nomothetic analysis, reveal that the respondents highlight the teacher and the student as subjects involved in the teaching-learning process, representing and influencing positively the compliance with the participative process.

The school has a more pronounced role in the participative experiences as the space for the encounter of indi-

viduals with different social and educational backgrounds. Discussion is then seen as a social activity, where the teaching-learning process involves the subjects, teacher and student, in an interpersonal relationship, characterizing a social act.

The teacher's attitude is seen as necessary for bonding students to the participative process. Therefore, the experience of teachers, their educational practice, or the sensitivity shown in their professional actions can determine (or undermine) the compliance of the students in the participative process.

The student's attitude is also seen as a lever (or deterrent) for their bonding to the participative process. Reflective readings of reality and the defense of collective interests create the bond. On the other hand, official student representations may be an option that hinders the bond between students and the participative process.

It is also important to acknowledge that the choice for official student representation is incompatible with the reality of the student, where they must spend most of their time in the classroom, receiving ready-made knowledge, without time or space for the generation of other forms of knowledge building, also presented as important for the student's education.

The nurses perceive causes that determine the adoption (or not) of a participative attitude, and consider those that are unveiled in the participative experience of the students as determinants for the participative process. Those that do not bond the student to the participative process are revealed due to personal exposition, determined by the official student representation, and also, to interpersonal relationship difficulties among the faculty and physical conditions of the student-worker in participating actively and effectively of the participative process.

Perhaps the student is so influenced by the current structure of power, which turns situations such as being different, pointing out irregularities, questioning, disagreeing, seeing other pathways and opposing whatever is placed and determined as right into conflicting issues.

Teachers from different ideological groups, working in the same space and sharing the same tasks, need to seek and assume the project that guides their praxis collectively. This would hinge on a debate of beliefs and values to avoid hiding ideological differences, because these could allow for the discovery of alternative pathways for the educational practice.

The institutional educational organization, as a provider of human resources, is perceived as a necessary condition for bonding with the participative process. The authority in organization guarantees the autonomy for the elaboration of projects, the organization of activities and the establishment of official student representations, creating possibilities for bonding the student to the participative process.

The institutional organization is also noted to be able to create strategies, from the classroom to the exposition of the objectives of the political-pedagogic project, which facilitates the participative process of the involved subjects.

Schools that expose the political-pedagogic project supporting the academic-administrative decisions and everyday practices may represent advances by not hiding or dissimulating the true values that determine the educational axis, the privileged contents and the adopted forms of teaching and evaluation.

It is understood that the school should be a space for social relations, where knowledge and organized values influence the experience of the students, providing the education of a professional prepared for future transforming actions, resistant to adverse systems, who does not conform to posed or imposed structures, taking a committed stand towards the issues of the profession and society itself.

Society, or the (student) movements within it, is seen to be a condition in situations of conjuncture, which represent possibilities for the implementation of the participative process.

FINAL CONSIDERATIONS

The researched nurses perceive that, in the healthcare institution, the involved subjects and their relations are bound to the experience of participation in academic life, as well as to the educational process that surpasses technical competence, as factors that guarantee the legitimacy of the nurse in their professional practice. This is due to the participative attitude that they assume in the professional process. Therefore, their academic and professional participative postures become factors that predispose to personal and professional development.

Therefore, the educational process can instrumentalize egress students with technical and political competence, which would allow the nurses to take an affirmative and conscious stand regarding their knowledge and actions, in accordance with the real necessities of the clientele.

Society is perceived as a part of the healthcare institution, since nursing, as a social practice, can either mobilize or alienate the nurse to the participative process. Specifically in the professional field, the necessity for workers with critical awareness and the capability to question instead of simply producing answers is evident. Therefore the social issues often end up reproducing the subordinate relations, where individuals are determined to be bound to the participative process by dominating knowledge and power.

In spite of being distinct modalities, academic participation and professional participation are inter-related, with an undeniable relationship between educational institutions and healthcare institutions as spaces for the participative process.

The practices developed in both the educational institutions and healthcare institutions are influenced by the variables people, activities, relationships, structure and

technology, having social, political and economical factors as determiners for the organizational dynamics, individual development and practice itself.

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